PATENT APPLICATION FEE DETERMINAT	ION	RECO	RD
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App	olicati	ion o	r Do	cke	t N	lum	ber
_	_				_	_	

4520

Effective October 1, 2000												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL E	NTITY	OR	OTHER SMALL	
TOTAL CLAIMS					4.43		ſ	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		Ī	BASIC FE	E 355.00		BASIC FEE	
TOTAL CHARGEABLE CLAIMS			5 minus 20=				ŀ	X\$ 9=		OR	X\$18=	
INE	EPENDENT CL	_AIMS	3 minus 3 =		. 0		ŀ	X40=	1/	1	X80=	
ML	ILTIPLE DEPEN	IDENT CLAIM P					ŀ			OR		
* If the difference in column 1 is less than zero, enter					"0" in c	column 2	L	+135=	7	OR	+270=	
••						ordinin 2		TOTAL	3550	OR	TOTAL	
	C	LAIMS AS A (Column 1)	MENDED	PAR - (Colur)		(Column 3)		SMALL	ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	. 5	Minus	J	$\overline{\mathcal{O}}$	=	Γ	X\$ 9=		OR	X\$18=	
ME	Independent	. 3	Minus	***	3	=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		╮┢	. 125			+270=	-
							Ĺ	+135=	<u> </u>	OR	TOTAL	
			<u></u>				Αl	DDIT. FEE		OR ,	ADDIT. FEE	
		(Column 1) CLAIMS	100,	(Colur		(Column 3)	_		<u>,</u>			
AMENDMENT B		REMAINING AFTER AMENDMENT	er O ny	NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	١	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	CLAINA	=	Г	X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-	+135=		OR	+270=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C	egen i e	CLAIMS REMAINING AFTER AMENDMENT	, e	HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	·	Minus	***		=	T	X40=		OD	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\vdash			OR	-	
* If the entry in column 1 is tose than the entry in column 2 write "0" in column 3									+270=			
**	If the "Highest Nu	mber Previously Pa	aid For" IN THI	S SPACE is	s less tha	n 20, enter "20."	ΑC	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												